

Supplemental Application Data Sheet

Application Information

Application number::	10/590,139
Filing Date::	06/30/05
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title :	ARTIFICIAL SPINAL DISC
Attorney Docket Number::	HO-P03203US0
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Neil
Family Name::	Duggal
City of Residence::	London
Country of Residence::	Canada
Street of mailing address::	1544 Gloucester Rd.
City of mailing address::	London
State or Province of mailing address::	ON
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	N6G 2S6

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Louise
Family Name:: Raymond
City of Residence:: London
Country of Residence:: Canada
Street of mailing address:: 1544 Gloucester Rd.
City of mailing address:: London
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: N6G 2S6

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Daniel
Middle Name:: R.
Family Name:: Baker
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 13203 39th Ave. NE
Suite 101
City of mailing address:: Seattle
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98125-4615

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Robert
Family Name:: Conta
City of Residence:: Mercer Island
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 3650 92nd Ave SE
City of mailing address:: Mercer Island
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98040

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Carly
Middle Name:: A.
Family Name:: Thaler
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 3912 Corliss Ave N
City of mailing address:: Seattle
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98103

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: T.
Family Name:: Stinson
City of Residence:: Woodinville
State or Province of Residence:: WA

Country of Residence:: US
 Street of mailing address:: 14241 NE Woodinville-Duvall Road, #415
 City of mailing address:: Woodinville
 State or Province of mailing address:: WA
 Postal or Zip Code of mailing address:: 98072

Correspondence Information

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Representative Information

Representative Customer Number:: 26271

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2005/02313 4	06/30/2005
PCT/US2005/02313 4	An application claiming the benefit under 35 USC 119(e)	60/584,240	06/30/04
PCT/US2005/02313 4	An application claiming the benefit under 35 USC 119(e)	60/658,161	03/04/05

Foreign Priority Information

Assignee Information

Assignee name:: Synergy Disc Replacement, Inc.
Street of mailing address:: 1544 Gloucester Rd.
City of mailing address:: London
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: N6G 2S6